N23891

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-----------------|--|--|
| · (Ac | idress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone | ; #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ві | usiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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C. CARROTHERS

2016 APR - 5 PM 7: 59
SECRETARY OF STATE
TAIL A BA SOFT FI COMP.

COVER LETTER

TO: Amendment Section Division of Corporations

| Port St Lucie Warehouse Condominium Association Inc NAME OF CORPORATION: |
|---|
| N23891 |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Gary Cambell |
| (Name of Contact Person) |
| Port St Lucie Warehouse Condominium Association Inc |
| (Firm/ Company) |
| 1055 SE Hollbrook Court Unit 5 |
| (Address) |
| Port St Lucie Fl 34952 |
| (City/ State and Zip Code) |
| Campbell7530@bellsouth.net |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Gary Campbell 774 836 8319 at |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation a | as current | tly filed with the F | lorida Dept. of State) | | _ |
|---|--------------------------|----------------------------|--------------------------------------|--|----------|
| N23891 | | | | | |
| (Docume | ent Numbe | er of Corporation (i | f known) | | |
| Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation: | da Statute | s, this <i>Florida Not</i> | For Profit Corporation ad | opts the followi | ing |
| A. <u>If amending name, enter the new name of the care</u> | <u>corporati</u> | <u>on:</u> | | Thom | ~~ |
| name must be distinguishable and contain the word | "corporati | ion" or "incorpora | ited" or the abbreviation " | The ne Corp." Br ::Inc | 183 |
| "Company" or "Co." may not be used in the name. | - | • | | 100 PM | & APR |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Port St Lucie War | ehouse Condominium Asso | ciation ==================================== | -ĕ —ι |
| | | 1055 SE Holbrook | Court Unit 5 | W.Z. | J |
| | | Port St Lucie Fl 34 | 4953 | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 1055 SE Holbrook | k Ct Unit 5 | ক্ষেত্ৰ হ'ব কেন্দ্ৰ লগ্ন বিশ্ব | |
| | | Port St Lucie Fl 34 | 4952 | | |
| | | | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | | da, enter the name of the | | _ |
| Name of New Registered Agent: | Frank Applegate | | | | |
| 1 | 1055 SE H | Iolbrook Court #5 | | | |
| - | (Florida street address) | | | | |
| New Registered Office Address: | | | | | |
| Port St | | cie | , Florida | , Florida | |
| | | (City) | (Zip Co | ode) | |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | | | ept the obligations of the po | osition. | |
| * | France | k apple | grado gistered Agent, if changing | | |
| - | Si | gnature of New Res | gistered Agent, if changing | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mik</u> | n Doe e Jones y Smith | |
|----------------------------------|---------------------|-----------------------------|---------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | PD | MANTHY, EVELYN | 1055 S. E. HOLBROOK COURT |
| Add | | | UNIT 6 |
| X Remove | | • | PORT ST. LUCIE FL 34952 |
| 2) Change | P | CAMPBELL, GARY | 1055 S. E. HOLBROOK COURT |
| X Add | | | UNIT 10 |
| Remove | | | PORT ST. LUCIE FL 34952 |
| 3) Change | D | HOHENDORF, RICHARD | 1055 S. E. HOLBROOK COURT |
| Add | | | PORT ST LUCIE FL 34952 |
| X Remove | | | |
| 4) Change | T | APPLEGATE, FRANK | 1055 S. E. HOLBROOK |
| X Add | | | UNIT 5 |
| Remove | | | PORT ST LUCIE FL 34952 |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | W | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
|---|--|--|--|--|
| NA NA | | | | |
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| Che | date of each amendment(s) adopt | ion: | , if other than th |
|------|--|--|---------------------|
| late | this document was signed. | | |
| Eff | ective date <u>if applicable</u> : | | |
| | | (no more than 90 days after amendment file date) | |
| | ee: If the date inserted in this block of ument's effective date on the Depart | loes not meet the applicable statutory filing requirements, this date will no ment of State's records. | ot be listed as the |
| Ada | option of Amendment(s) | (CHECK ONE) | |
| 8 | The amendment(s) was/were adopt was/were sufficient for approval. | ed by the members and the number of votes cast for the amendment(s) | |
| | There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). The amendment(s) was/were | |
| | Dated Movel | 30 2016 | |
| | Signature | and the state of t | |
| | have not been so | n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary) | |
| | GARY CAM | PBELL | |
| | | (Typed or printed name of person signing) | |
| | PRESIDENT | , | |
| | | (Title of person signing) | |